

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530373

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5						
6						
7						
8						
9		1				
10	1					
11		1				
12		1				
13		1				
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50						
TOTAL IND.	4					
TOTAL DEP.	14	↔	↔	↔	↔	↔
TOTAL CLAIMS	18	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████